PART B - FEE(S) TRANSMITTAL

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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1510 \$300 \$0 \$1810 11/08/2010 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS NGUYEN, THANH T. 2893 438-151000 Change of correspondence address or indication of "Fee Address" 2. For printing on the patent front page, list (1) the names of up to (37 CFR 1.363) 3 registered patent attorneys or agents OR, alternatively, (2) the 1 NIXON PEABODY LLP name of a single firm (having as a member a registered attorney or Change of correspondence address (or Change of agent) and the names of up to 2 registered patent attorneys or 2 Jeffrey L. Costellia Correspondence Address form PTO/SB/122) attached. agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 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